STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001205	A. BLDG: 00 B. WING:	10/07/2022

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
DIGESTIVE HEALTH CENTER OF INDIANA, P.C. STATE LICENSE NUMBER: **18821501**	**119 PROFESSIONAL CENTER, SUITE 304** **1265 Wayne Avenue** **INDIANA, PA 15701**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
H 0000	INITIAL COMMENT This report is the result of a State licensure conducted on October 7, 2022, at Digestive Health Center of Indiana, P.C. It was determined the facility was in compliance with the requirements of 35 P.S. § 448.809 (b).	H 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	39C0001205	A. BLDG: __00_____ B. WING: _____	**10/07/2022**

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
DIGESTIVE HEALTH CENTER OF INDIANA, P.C. STATE LICENSE NUMBER: **18821501**	**119 PROFESSIONAL CENTER, SUITE 304 1265 Wayne Avenue INDIANA, PA 15701**

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S 0000	INITIAL COMMENT This report is the result of a State licensure survey conducted on October 7, 2022, at Digestive Health Center of Indiana, P.C. It was determined the facility was in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.	S 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE: (X6) DATE:

Certified End Page

DIGESTIVE HEALTH CENTER OF INDIANA, P.C.

STATE LICENSE NUMBER: 18821501

SURVEY EXIT DATE: 10/07/2022

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY